

3/28/2018

To Honorable Judge
Martin Bleser

I am writing you and The Court
I am asking for your help with
my case. NO: 09-50026 (mg).

I am acting Pro SE & Cant

Be There on 3/29/2018. I have
no family ability to get to court
I have filed my papers with your
Court. I am asking for you and
your court to allow. My Motor
Vehicle heavy to. Happen this April
per letter I found you Today. Also
To Review on notes and record
page 1 → ..

Reply By Pat Bonland
To Objections of GM LLC
To DISMISS GM CASE
NO: 09-50026 (MO)

att.
Arthur Steinberg
SCOTT DAVISON

There Motion has no merit in this
Court. and is attempt to cause
personal harm and financial harm to
Mr Bonland and use the Court
as a bad weapon for clearly
to Barnstorm and cause harm.
Therefore There claim should be
dismissed and Bonland shall be
awarded damages and fees for this case.

- 1) NOT TRUE
- 2) BK court received answer 3/16/2018
- 3) PRO SE is The Way I need TO
proceed TO another Court
- 4) DMV hearing filed and STAY IS AUTOMATIC

me the award and danger
This is my life and
family. That I need
To provide and move to
a good place so I can
Take care of them..

Sorry about my writing
hope you can read and
my answer helps you..

Thank You
Cat

my cell

5). Second circuit court does have
bearing on Case. The Decision
is for The Dealer and his Franchise
and all rights and awards.

6). Proof of Claim for Court
is to be allowed per. OLC on
New GM BK. promptly.

7). NYS Vehicle and Traffic
LAW - 471-A

LAW - 471-B

LAW - 463(2)(c)(1)

465(1)

Patty Orland
Pro. SE

8. CPLR 3211 (a)(2)(4)(5)

forward TO KING + Spaulding 212-556-2222 for
3/28/2016

mail TO court 3/27/2018
TO BK. Judge

STATE OF NEW YORK - DEPARTMENT OF MOTOR VEHICLES

6 Empire State Plaza, Albany, New York 12228

Division of Safety and Business Hearings Tel: (518) 474-1509 Fax: (518) 473-8505

SAFETY AND BUSINESS HEARING

BUREAU

NOTICE OF HEARING

in the matter of

Pat J. Bombard DBA Bombard Car Company,
Inc.

Dealer/Franchisee

and

General Motors Corporation-Chevrolet

Franchisor

RESPONDENT

Case No. **FMD201801**

Date of Hearing: April 23, 2018

Time of Hearing: 9:00 AM

Place of Hearing:

NYS Dept. of Motor Vehicles

Western Lights Plaza

4671 Onondaga Blvd Suite #100B

Syracuse, NY 13219

Presiding Officer: Jeffrey Leibo

YOU ARE HEREBY GIVEN NOTICE that an Adjudicatory Hearing, conducted by the New York State Department of Motor Vehicles, in accordance with Vehicle and Traffic Law Section 471-a, and 15 N.Y.C.R.R., part 127.13, has been scheduled between the above parties before the assigned presiding officer.

This hearing is a result of a *Request for Adjudicatory Proceeding*, filed by the franchised motor vehicle dealer with the Commissioner of the Department of Motor Vehicles. The matters asserted by the dealer are as per the attached sheet. If you are hearing impaired, an interpreter will be available to you if you notify the Safety and Business Hearing Bureau in advance. An interpreter for the hearing impaired will be provided at no charge. It is your responsibility to bring an English translator if needed. You are permitted to appear with counsel. You should be prepared to present all evidence and witnesses at the hearing.

Adjournments are not granted except for good cause based on all the circumstances. Requests for adjournments should be made to the Safety and Business Hearing Bureau, Department of Motor Vehicles, 6 Empire State Plaza, Albany, NY 12228. Contact the bureau promptly. Do not assume an adjournment has been granted without specific confirmation. In case of inclement weather such as a snow/ice storm please call Safety Hearing at (518) 474-1509 on the morning of hearing to see if hearing is still on.

Franchisor: You have 20 Days from receipt of this Hearing notice to deliver to the assigned presiding officer at the above address, and to the Dealer-Franchisee, a short and concise answering statement in response to the Dealer-Franchisee's allegations, and of the facts on which you rely upon in defense of such allegations, along with any supporting documents. Your attention is directed to the automatic stay provisions, without bond, under Vehicle and Traffic Law Sections 463(2)(e)(1) and 465(7).

Dealer-Franchisee: You have 20 Days from receipt of the Franchisor's answering statement, to submit to the presiding officer at the above address, an additional statement of facts and documentary material but only to the extent of answering any new matter raised by the franchisor.

Date: 1/31/18

THE HEARING WILL START PROMPTLY

Dealer/Franchisee: Pat J. Bombard DBA Bombard Car
Company, Inc.
Address: 5 Wheeler Avenue
Fayetteville, NY 13066
Telephone #: 315-382-9484
Represented By: Fredrick R. Guy, ESQ
Address: The Guy Law Firm PLLC
3598 Pleasant Valley Road
Syracuse, NY 13215
Telephone #: 315-314-7481
AA-70 (8/10)

Franchisor: General Motors Corporation-Chevrolet
Address: General Motors Global Headquarters
Detroit, MI 48625
Telephone #: 313-667-9844
Represented By: Deborah F. Collins, Esq
Address: 300 Renaissance Center
Detroit, MI 48625
Telephone #: 313-667-9844

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <i>MOTORS LIQUIDATION COMPANY, ETAL. 1</i> <i>F/K/A General Motors Corp., ETAL.</i>		Case Number: <i>09-50026</i> <i>(ME)</i>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>PAT BOMBARD</i>		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: <i>5 Wheeler Ave</i> <i>FAYETTEVILLE NY 13066</i>		
Telephone number: <i>315-382-7464</i>	email: <i>SUMMER WINDS LLC JNTL C:TM</i>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		
Telephone number:	email:	
1. Amount of Claim as of Date Case Filed: <i>\$ 10 MILLION</i>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <i>FRANCHISE AWARD CHECK</i> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <i>9197</i>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Value of Property: <i>\$ 10 MILLION</i> Annual Interest Rate _____ % <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <i>\$ 10 Million</i> Basis for perfection: <i>FPA check</i> Amount of Secured Claim: <i>\$ 10 Million</i> Amount Unsecured: <i>\$ 0</i>
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: _____		
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B10 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(e)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See Instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: PAT BON BAARD
Title: PRESIDENT
Company: B2M BAARD CASH
Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____

Pat Bonbaard
(Signature)

3/13/2018
(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a service, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.